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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/032,229 |
| | Filing Date | 12/20/2001 |
| | First Named Inventor | George Jackowski |
| | Art Unit | 1646 |
| | Examiner Name | |
| Total Number of Pages in This Submission | Attorney Docket Number | 2132.113 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual | Ferris H. Lander McHale & Slavin, P.A. | |
| Signature | | |
| Date | 9/23/2003 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT : Jackowski et al.

INVENTION: : DIAGNOSIS AND TREATMENT OF DEMENTIA
UTILIZING THROMBOSPONDIN

SERIAL NUMBER : 10/032,229

FILING DATE : December 20, 2001

EXAMINER: : (unassigned)

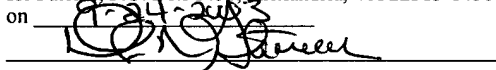
GROUP ART UNIT : 1646

ATTORNEY DOCKET NO. : 2132.113

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

CERTIFICATE UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on



Commissioner for Patents
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Sir:

Pursuant to the Duty to Disclose under 37 C.F.R. §1.56, the references cited on the accompanying form PTO-1449 are hereby brought to the attention of the Examiner for independent evaluation. A copy of each reference is enclosed.

In accordance with 37 C.F.R. §1.97(e), Applicants hereby certify that each item of information contained in the accompanying Supplemental Information Disclosure Statement filed concurrently herewith was cited in a communication from a foreign patent office, namely an International Search Report for a counterpart European patent application, not more than three months prior to the filing of the accompanying Supplemental Information Disclosure Statement. A copy of the International Search Report is also enclosed, which satisfies the requirement for a concise statement of relevancy pursuant to M.P.E.P. §609 (1995).

Applicants submit that the present invention is patentable over these references.

Accordingly, pursuant to 37 C.F.R. §1.97(e), Applicants request consideration and entry of the Supplemental Information Disclosure Statement.

Date: 9/23/2003

Respectfully submitted,

By: Ferris H. Lander
Ferris H. Lander

Registration No. 43,377

McHale & Slavin, P.A.

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Palm Beach Gardens, FL 33410

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PTO/SB/08B (08-03)

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

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|---|-----------------------------|------------------|---|-------------------------------|----------|
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | Applicant Number | 10/032,229 | | | |
| | Filing Date | 12/20/2001 | | | |
| | First Named Inventor | George Jackowski | | | |
| | Art Unit | 1646 | | | |
| | Examiner Name | | | | |
| Sheet | 2 | of | 2 | Attorney Docket Number | 2132.113 |

NON PATENT LITERATURE DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
|--------------------|-----------------------|---|----------------|
| | | L. BUEE et al, "Immunohistochemical Identification of Thrombospondin in Normal Human Brain and in Alzheimer's Disease", Amer. J. Pathol., 141(4):783-788 (October, 1992) | |
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| Examiner Signature | | Date Considered | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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